



ask the expert



LASIK and Moms

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Q I am considering LASIK and also trying to conceive. How should I time my LASIK procedure? Are there any special considerations if I am undergoing IVF or other fertility treatments? Are there any restrictions on breastfeeding after LASIK?

A: Timing is a common issue for women scheduling a LASIK surgery if they are also thinking about having a baby. For those who are lucky enough to plan their pregnancy, most elect to have LASIK before pregnancy rather than post-delivery, so when the baby arrives, and sleepless nights are inevitable, the new mother won't have to hassle with contacts and glasses while attending to the newborn. Also, during pregnancy body chemistry may make wearing contact lenses uncomfortable, and some women are only able to wear glasses throughout pregnancy. Most women who have been through this with the first or second child elect to have vision correction surgery prior to getting pregnant again. If already pregnant, you must wait one to three months after delivery to have LASIK performed.

Provided that you are not pregnant at the time of the procedure, vision correction procedures can be performed while trying to conceive naturally. I have, however, performed LAIK on women who (a week or two later) found out that they were pregnant and everything progressed well. LASIK is an external procedure on the surface of the eye only, without any effect on the rest of the body. It is also done under local anesthesia and other than a mild oral sedative, such as Ativan or Valium, no other systemic medications are given. The postoperative eye drop medications have minimal entry into the bloodstream. Nevertheless, it is best to have a pregnancy test prior to getting the surgery.

If a woman is undergoing fertility treatments, it is best to wait until she is between cycles to have LASIK.

Most women who have LASIK, even a week or two before getting pregnant, don't experience any changes in their vision once they become pregnant. Vision remains good in most patients

throughout pregnancy, delivery and breastfeeding period. In less than 10 percent of patients, vision regression may occur. While the change is typically small, additional laser treatment can be performed to provide vision enhancement. If this happens when you're pregnant, you should wait three to six months postpartum to ensure vision stability before proceeding with any additional LASIK treatment.

A woman can have LASIK while breastfeeding. A mild oral sedative is administered prior to the procedure. You should breastfeed before taking the medication, then feed the baby with pumped milk or formula on the day of the procedure. Breastfeeding can be resumed the following day. There are several eye drops used during the week following the procedure. By covering your tear drainage canals when applying the eye drops, you can help prevent the eye drop from entering your bloodstream: hold the inner corner of the eyes for sixty seconds following the placement of the eye drops. If you forget this step, don't worry; the amount of medication is likely too insignificant to show up in breast milk.

Q: Are there different kinds of LASIK procedures? What if I am not a candidate for LASIK?

A: LASIK is a vision correction procedure developed to help patients to see better without glasses and contact lenses. A surgeon lifts the top layer of the cornea and uses a laser to reshape the inner layer of the cornea to correct nearsightedness, farsightedness and astigmatism. The top layer of the cornea can be lifted with either a mechanical device, called microkeratome, or a laser, called femtosecond laser. The most common femtosecond laser used in the world today is called IntraLase. Using the laser instead of the mechanical device for this step has improved overall accuracy of vision results. The laser has virtually eliminated intra-operative complications that occurred with the mechanical microkeratome.

Some patients are not candidates for LASIK because the surface of the cornea may be uneven or the cornea is not thick enough to allow for lifting of the top layer and reshaping of the inner layer. For these patients, the best option may be a procedure called PRK. In PRK, the surgeon applies the reshaping laser directly to the surface of the cornea. The cornea takes longer to heal after PRK than after LASIK, but the final vision result is the same.

Some patients with very high prescriptions, or corneas that are too uneven or too thin may be best suited for a procedure called ICL (implantable collamer lens). With this procedure, the surgeon inserts an ultra-thin layer of collagen material, shaped to correct the patient's prescription, behind the cornea. This procedure also results in permanent vision correction, just like laser vision correction.

Dr. Ella Faktorovich, M.D., is a San Francisco ophthalmologist. Her commitment to advancing vision care options for patients has led her to be considered one of the country's leading vision correction surgeons. For more information, you can contact Dr. Ella Faktorovich directly at 415 922-9500 or visit her website at www.pacificvision.org.